Name in Full: Ella N. Acworth

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 190 4 — Month: April — Day: 17 — Age: Years 32 — Months 4 — Days 1

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: House work — Where Residing if not at place of death: ~~Salisbury~~

Married, Single or Widowed: Married — Name of Wife or Husband: Charlie Acworth

Father's Name: Chas. H. Harris — Father's Birthplace: Md

Mother's Maiden Name: Mary E. Harris — Mother's Birthplace: Md

Name of person giving information: Mary E. Harris — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: 6 Mos

Immediate: Dont Know — How long:

Are the name, age, sex, color, date and place correctly given above? Yes ?

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Casey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Worcester

Date of death: 1904 — Month: April — Day: 1 — Age: Years: 1 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Del.

Occupation: Dupont — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wash. Casey — Father's Birthplace: Worcester

Mother's Maiden Name: Molly Hobbs — Mother's Birthplace: Worcester

Name of person giving information: Andrew Pollitt — How related to deceased: half brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 1 week

Immediate: Pneumonia & Complications — How long:

(10)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Wilson M.D.

Address: Pittsburg Md.

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full

Certificate of Death

Frank, Dashiell

Town

County

Died at Near Mandela Springs

MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	4 – 10	22. 0. 0	md	Sailor

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of~~ children living

Husband of — — — —

Wife

Father's Name Frank, Dashiell

Mother's Maiden Name Lillie Dashiell

Cause of Death — Primary: Valvular lesions of heart

How long sick: 2 days

Immediate: Heart failure

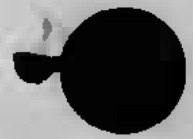
Accident, Suicide, Homicide

Reported by Louis V. Wilson M.D.

Address Mandela Springs Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Atwell Dykes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904; Month: 4th; Day: 11th; Age: Years: 1; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Near Fruitland, Md

Occupation: None; Where Residing if not at place of death: Near Fruitland, Md

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Clayton E. Dykes; Father's Birthplace: Worcester Co. Md

Mother's Maiden Name: Martha Coulbourne; Mother's Birthplace: Worcester Co. Md

Name of person giving Information: Joseph Coulbourne (16); How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burned on body made fire [illegible]; How long: Few minutes

Immediate: Shock & exhaustion; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Gordy

Address: Salisbury, Md.

Accident ~~or Suicide~~? Accident

I know

LIBRARY BUREAU A80818

Name in Full: James A W Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: The old naylor farm — County: Wicomico

Date of death: 1904 — Month: April — Day: 23 — Age: Years: — Months: 8 — Days:

Sex: male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William B Elliott — Father's Birthplace: Del

Mother's Maiden Name: Rachael E Shipper — Mother's Birthplace: Md

Name of person giving Information: William B Elliott — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: week

Immediate: Meningitis — How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full

Certificate of Death

Charles Gale

Town

County

Died at Quantico Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Apl	9	25			Quantico District	

Date 1904

Age

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife Nicey Gale

Father's Name George Gale

Mother's Maiden Name Frances Gale

Cause of Death — Primary — How long sick 12 months

Immediate Consumption of Lungs

~~Accident, Suicide, Homicide~~

Reported by Wm H H Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John Otis Garrison

Town | County

Died at Downs in Chesapeake Bay — MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 Apl — | Age 25 | Quantico | District

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name John Garrison | Mother's Maiden Name Nelie Waller

Cause of Death — Primary: Drowning 172 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by James M Jones undertaker

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full

Certificate of Death

Levin Goslee

Died at Near Town Quantico County Wicomico MARYLAND

Date 1904 Month Apl Day 11 | Age Y. 65 M. D. | Native of Quantico District | Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Tresey Goslee

Father's Name Daniel Goslee Mother's Maiden Name Mary Goslee

93

Cause of Death: Primary Pneumonia — How long sick —

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by Wm H K Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Infant at Alms House

Died at Alms House (Town) Wicomico (County) MARYLAND

Date 1904 Month Apl Day 9 | Age Y. 1 M. D. | Native of Quantico District | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ of ~~Wife~~

Father's Name Don't-Know | Mother's Maiden Name Jennie Hearn

Cause of Death: Primary Don't-Know | How long sick

Immediate | Accident, Suicide, Homicide

Reported by James Watsons Undertaker

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Alexander Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Siloam; County: Wicomico

Date of death: Month: April; Day: 20; 1904

Age: Years: 79; Months: ; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: House Carpenter

Where Residing if not at place of death: at his home

Married, Single or Widowed: Widower

Name or Wife or Husband: Henrietta Jenkins

Father's Name: Archibald Jenkins

Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Malone

Mother's Birthplace: "

Name of person giving In formation: Louis E. Bounds

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. E. Hill

Address: Undertaker Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU ADDRESS

Mr. Jenkins had no Doctor in his death sickness. he had something like dropsy

Geo. L. Hill
Undertaker

Name In Full — George W. Jones

Certificate of Death

Died at (Town) Fruitland (County) Wicomico MARYLAND

Date 1904 (Month) April (Day) 13 | Age (Y.) 65 (M.) (D.) | Native of Wicomico Co. Md. | Occupation none

Male / ~~Female~~ — White / Colored — Married / Single — ~~Widow~~ / ~~Widower~~ — Divorced — Number of children living

Husband / ~~Wife~~ of —

Father's Name William Jones — Mother's Maiden Name Nellie Jones

Cause of Death
- Primary: I dont know
- Immediate: He had Dopsy

(177)

How long sick

Accident, Suicide, Homicide

Reported by No Doctor attended him in his last sickness

Address

Geo. C. Hill
Undertaker Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full: Arthur P. Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: April — Day: 18 — Age — Years: 3 — Months: one — Days:

Sex: Male — Color or Race: White — Birthplace: Wicomico Co. Md.

Occupation: ~~~ — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: ~~~

Father's Name: Sidney Matthews — Father's Birthplace: Maryland

Mother's Maiden Name: Ellen Sirman — Mother's Birthplace: Maryland

Name of person giving In formation: Lola Matthews — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles (6) — How long: 10 days?

Immediate: Pneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. Todd

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: J. W. Parsons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: April — Day: 4 — 1904

Age: Years: 74 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Carpenter — Where Residing if not at place of death: Near Salisbury Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Matthew Parsons — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Disharoon — Mother's Birthplace: Maryland

Name of person giving Information: Lewin Parsons — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: dont Know

Immediate: Heart Trouble — How long: dont Know

120

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU Ad6513

Math

Nancy Dickerson

Name in Full: Pauline Pinckett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904; Month: April; Day: 12; Age: Years: 5; Months: 2; Days: 26

Sex: Female; Color or Race: Black; Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Pinckett; Father's Birthplace: Md

Mother's Maiden Name: Lula Cuff; Mother's Birthplace: Md

Name of person giving In formation: Lula Pinckett; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Convulsions 70; How long: 1 day

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. H. Simmons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A68618

Name In Full

Certificate of Death

Trader

Died near Town Salisbury County Wicomico MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 Apl | Age 11 | Md

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living ~~-~~

Husband of

Wife

Father's Name W. Byrd Trader | Mother's Maiden Name Adkins

Cause of Death: Primary Anaemia — How long sick Several Months

Immediate Inanition — ~~Accident, Suicide, Homicide~~

Reported by T. M. Clemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Christian E Wagner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: April; Day: 4; Years: Age; Months: 5; Days: 26

Sex: male; Color or Race: White; Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name or Wife or Husband:

Father's Name: Frederic E Wagner; Father's Birthplace: Md

Mother's Maiden Name: Ella N Long; Mother's Birthplace: Md

Name of person giving Information: Frederic E Wagner; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis & Catarrh; How long: 3 or 4 Weeks

Immediate: Spasms; How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. McClemons M.D.

Address: Salisbury Md.

Autopsy?

90

LIBRARY BUREAU A83816

Name in Full: Infant no name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904; Month: April; Day: 20

Age: Years: ; Months: ; Days: 4

Sex: Female; Color or Race: Black; Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George H Wootten; Father's Birthplace: Del

Mother's Maiden Name: Mary Bell; Mother's Birthplace: Md

Name of person giving Information: Handy Wootten; How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble (150); How long:

Immediate: Improper Closure Valve; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88618